

LATROBE HEALTH ADVOCATE

QUARTERLY

UPDATE

APRIL- JUNE 2023



Latrobe Health
Advocate



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A MESSAGE FROM Latrobe Health Advocate



Jane Anderson



I am delighted to present our quarterly update for the period of April to June 2023. Over these months, the Latrobe Health Advocate office has been steadfastly committed to enhancing access to services, fostering a safe environment, prioritizing mental health, and tackling the social determinants of health in the Latrobe community.

This quarter, the Latrobe communities' primary aspiration was identified as Access to Services, making up 41% of the community conversations with me. It was raised that people don't know the services that are available, there is a shortage of reliable, skilled, and trained NDIS in-home support staff, and a lack of availability for regional trans-affirming health services.

Better community engagement was raised as a need at a pop-up health event in a small rural town. While the community members present understood that services tend to be focused on larger towns, they advised that they do feel isolated due to the lack of accessible transport options and lack of service offerings delivered in their small town. The Healthy You events occurring in our small towns are a terrific initiative to bring services to the community and increase awareness of the supports that are available.

Living in a Safe Environment was the focus of 17% of community conversations with me and it is evident that it remains unclear who is responsible for the management of asbestos and there is a mismatch of information between bodies involved in family violence matters.

Mental Health was the focus of 14% of community conversations and it was identified that there is a need for increased access to community based mental health supports, especially for people with autism. We also heard about the stressful impact of frequent transport timetable changes and inconsistencies between timetables on apps and actual services.

During this quarter I have seen several systems changes that can provide opportunities for better mental models, better policy, better relationships, better services, better support, and integration of community voice.

Shared problem solving is becoming much more common in Latrobe. The partnerships of local public and private hospitals to grow palliative care services, the sharing of resources between the local public hospital and the community health service to increase and improve the provision of podiatry services and the engagement of community members in community led integrated health care models all demonstrate that new ways of operating are being embraced.

As always, I look forward to hearing from more of you in the coming months and encourage you to contact me at 1800 319 255 or via email at info@lhadvocate.vic.gov.au at any time.

Remember you can follow my work on Facebook, Twitter and Instagram.

You can find copies of all the reports we publish along with this quarterly update on our website.

www.lhadvocate.vic.gov.au

Jane””

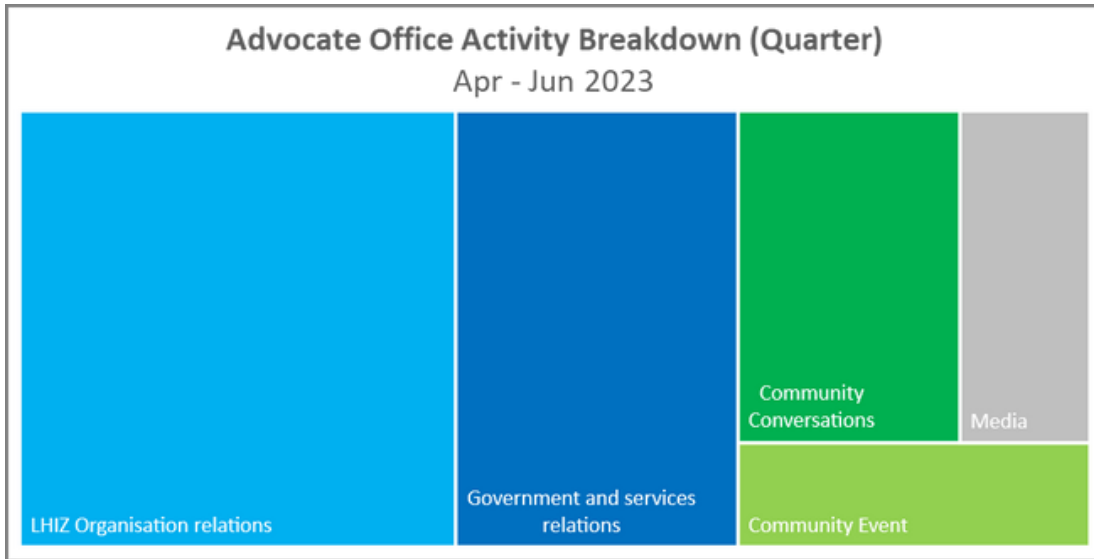
@LHAdvocate



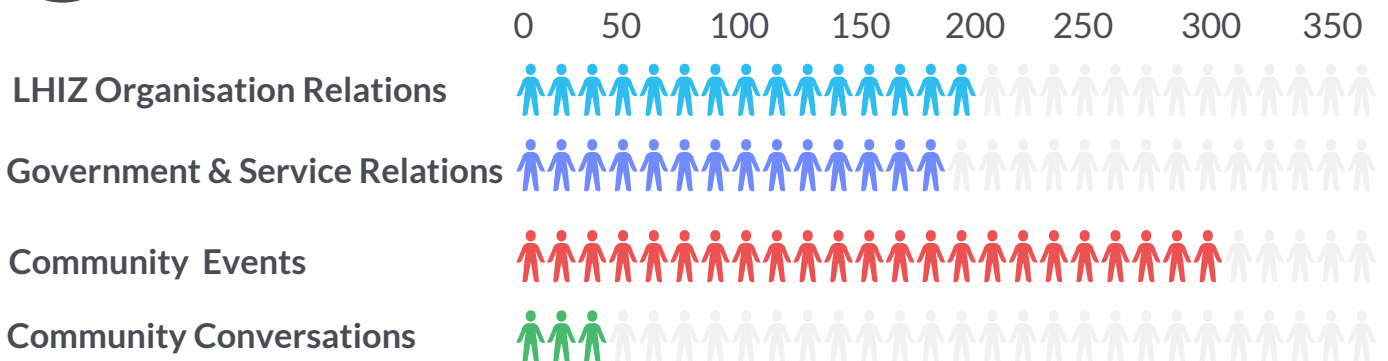
QUARTERLY BREAKDOWN



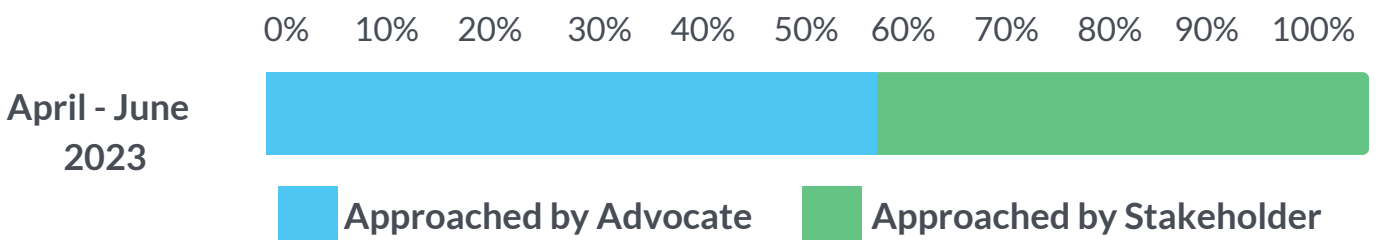
OFFICE ACTIVITIES



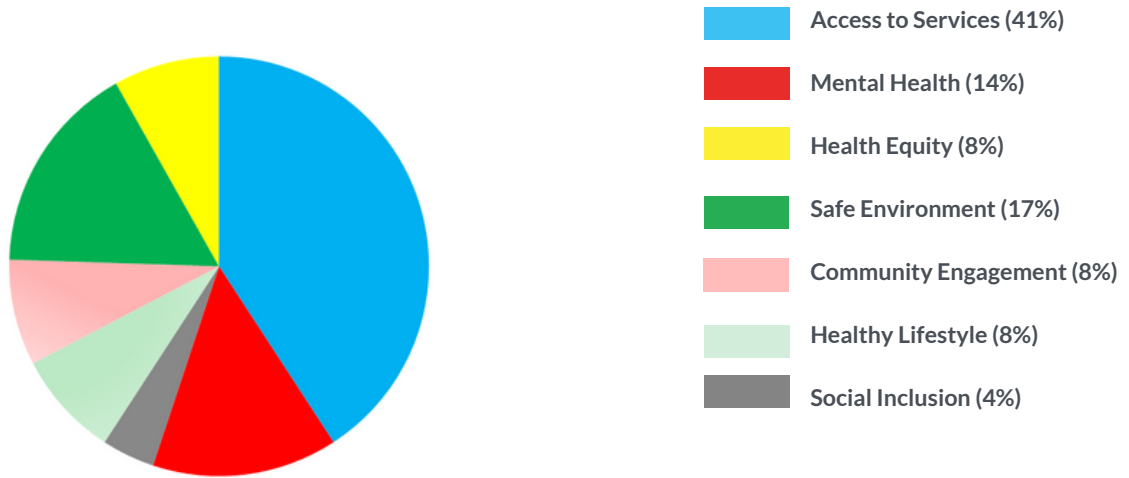
NUMBER OF PEOPLE



ENGAGEMENT REACH



COMMUNITY ASPIRATIONS



1 Access to Services



This quarter, the Latrobe communities' primary aspiration was Access to Services, making up 41% of the community conversations with the Advocate.

The lack of trans-affirming health practitioners was raised as there are no health providers recognised by AusPATH (Australian Professional Association for Trans Health) in Latrobe. The impact is that there are no GPs, psychologists, counsellors, specialised support or health services available in Latrobe and patients need to travel to the closest health practitioner in Pakenham or the closest GP in Prahran. Mildura is the only other area that is lacking in a similar way to Gippsland. The Advocate has discussed this issue with the Gippsland Primary Health Network (GPHN) and they will coordinate with Trans Gender Victoria (TGV), local primary care providers and community health services to discuss options to address this issue. The GPHN has called an Expression of Interest seeking Gippsland general practices interested in taking part in a LGBTIQ+ training needs analysis followed by a small pilot program to evaluate viability of implementing a larger training program across Gippsland. The GPHN have had significant interest from practices in Latrobe.

“If I have to get a script, it is a 5 hour round trip to Melbourne.”

41%

Carers for family members with chronic illnesses and disabilities raised concerns about the waiting list for podiatry services. This issue is being addressed by the Latrobe Community Health Service (LCHS) who have recruited another podiatrist through a partnership with Latrobe Regional Hospital and the establishment of a high-risk foot clinic. This clinic has attracted trainee podiatrists from Melbourne to assist community members at risk of amputations. LCHS is also training allied health assessment practitioners to work under the supervision of a podiatrist to increase access to services and reduce waiting lists.



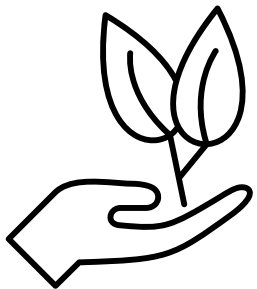
Quality of services delivered by NDIA providers was again raised as an issue. Key concerns raised by carers were staff skill levels, consistency and reliability.

“Latrobe Valley is well serviced but people don't know what's available.”

The issues of services being invisible to their target audience was raised in relation to peer led sexuality services for people with cognitive disabilities and the availability of a community pharmacist to support people with chronic diseases. Promoting services to the community remains an issue. Low levels of digital literacy, fear of the internet, rapid turnover of GPs and lack of advertising in community-wide mediums were all raised as contributing to the problem.

“We have trouble getting our information out to people in community due to accessibility issues and more.”

2 Safe Environment



17%

Living in a Safe Environment was the focus of 17% of community conversations with the Advocate.

Community members continue to raise issues with the management of asbestos in Latrobe. One recent example involved the lack of clarity about the responsible authority to address community concerns around a site redevelopment in Morwell. The Environment Protection Authority (EPA) advised it is not involved because the site is a construction site, the EPA advised that the Latrobe City Council (LCC) is the responsible authority. The LCC advised it is not their responsibility because it is private land works. While Worksafe intervened, on the basis that it was a workplace, this raised local community concerns as the mound of dirt involved was unprotected from wind or traffic for two months before Worksafe ordered it be covered. This intervention only occurred after a meeting with Workcover called by Gippsland Asbestos Related Diseases Support (GARDS) and their insistence on a hygienist report as the initial Worksafe assessment was that there was no asbestos visible at the work site. These community frustrations have been raised with the Advocate because the Advocate chaired the Latrobe Valley Asbestos Taskforce (LVAT) and community members inquire about any progress on the recommendations of the Taskforce.

The lifelong impact of family violence has been raised by several community members. Issues have been raised by a mother whose oldest child learned behaviours from an abusive father, who is now an ex-partner; and by parents and siblings who are subject to ongoing violence from adult children. While these community members have received support from Orange Door, Victoria Police, and community service organisations, they feel that parts of the system are working against them. For example, parents with intervention orders advise their concerns appear to have little impact on family court decisions that order unsupervised access between the abusive parent and their children; or that child protection services lack understanding when they threaten to remove younger children despite the lack of access to specialist service for an older child displaying learnt abusive behaviour. These community members reported feeling unsafe as they are still subject to ongoing threats and incidents, despite the efforts of Victoria Police who they reported were very supportive.

“If there is no safe level to exposure to asbestos, who can offer me the assurances that I, my tenants, employees, family, customers and the general public have not been put at risk again.”

“I made a mistake and have to pay for that for evermore.”

3
Mental Health



14%

Improving Mental Health was the focus of 14% of community conversations with the Advocate.

Several gaps in the delivery of mental health services were raised with the Advocate. The halving of the number of mental health sessions available through a GP-initiated mental health plan was raised as a particular issue for people with autism. The limitation of this mainstream service is causing mental health impacts, but there are no more intensive services available unless the person with autism has a NDIS-funded plan.

The impact of transport disruptions on people who are experiencing mental health issues was also raised. While everyone can be stressed by small rail timetable variations that are sufficient to disrupt plans and cause missed appointments, these difficulties are compounded for people with autism and cognitive disabilities.

The impact of long-term drug and alcohol issues on the mental health of addicts and their families was frequently raised. Families are reporting that the long wait times for psychological counselling and drug and alcohol rehabilitation services is resulting in addicts experiencing psychotic episodes and requiring involuntary hospital admission after Victoria Police intervention. Wait times for psychological counselling and drug and alcohol services were raised by family members who were dismayed that even court ordered treatment services were subject to long waiting lists. The inability to access mental health services before it becomes an emergency was also raised.

The growing reliance on internet-based services is a stressor, particularly for older community members. This was most frequently raised in relation to banking services, and also as a blocker to accessing services more generally. Fear of the internet is impacting mental health. The importance of Australia Post in assisting older people to pay bills was appreciated.

“Rail disruptions impact mental health as well as the ability to access services.”

“People panic if they can't pay the bills. They fear internet banking and having to go online.”



Other issues:

Health Equity 8%; Health Lifestyles 8%; Community Engagement 8% and Social Inclusion 4%

Community members receiving in-home aged care support continue to advise that the frequent turnover of workers, every 3 months, is undermining their care coordination and not supporting them to make their own decisions. Some aged care recipients feel that the focus of the service provider is on minimising the costs of any items not directly provided by the service provider, rather than on assisting their clients to self-manage a healthy lifestyle. Again the issue of workers lacking flexibility was raised, some clients feel the focus of their carer is on using program guidelines to refuse requests for services rather than on seeking ways to meet client requests.

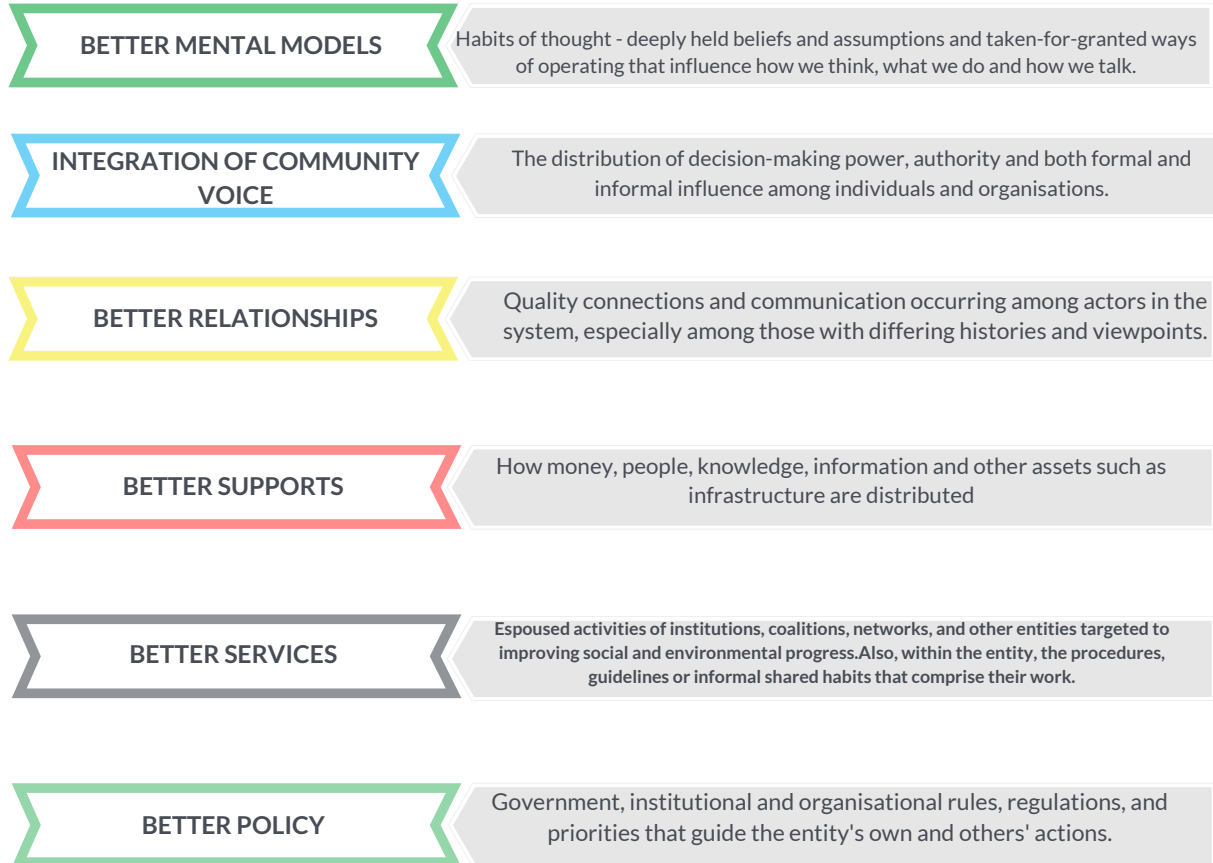
The inability to access occupational therapy and getting to some community services due to restrictive train and bus timetables and routes were seen as blockages to community engagement and social inclusion.

A community conversation with the residents of Orana Elderly Citizens Club provided very positive feedback about their experience of living in the Village. The residents appreciated the environment and the ongoing care provided. The size of the Village was seen as a positive as it enabled residents to know and care for each other and the presence of the Orana club for activities was appreciated. Overall, residents feel they are being heard. Orana residents specifically discussed access to palliative care, access to voluntary assisted dying, and the physical environment at the geriatric ward at Latrobe Regional Hospital. More general issues raised were the loss of shops in Moe; ongoing pollution concerns about silt, coal dust, and asbestos; worries about the impact of the closure of Yallourn power station and questions about the Latrobe Valley transition plan and the new SECV. Concerns about the increasing necessity of digital connectivity to access services and pay bills were raised and a desire to have easily accessible help to use the internet.



SYSTEMS CHANGE

The Advocate sees better systems of health and wellbeing driven by six elements:



BETTER MENTAL MODELS

Shared problem-solving is becoming much more common in Latrobe. The partnerships of local public and private hospitals to grow palliative care services, the sharing of resources between the local public hospital and the community health service to increase and improve the provision of podiatry services and the engagement of community members in community led integrated health care models all demonstrate that new ways of operating are being embraced.

BETTER SERVICES

Latrobe Regional Hospital (LRH) has reformed discharge planning to address the multiple readmissions of former patients receiving mental health services. The new model includes a dedicated discharge planning role that has reduced the occurrences of patients returning to the Emergency Department (ED) within 24 hours of discharge.

The Federal University Physiotherapy virtual clinic project is progressing well. A grant from Rural Workforce Agency Victoria (RWAV) has been received, Federation University has started teaching the curriculum, the healthdirect access has been set up by the Gippsland Primary Health Network (GPHN) and the Latrobe Community Health Service (LCHS) has started to meet with bush nursing centres to promote the service.

INTEGRATION OF COMMUNITY VOICES

Work with Ausnet on the Gippsland Renewal Energy Zone (GREZ), including liaison with VicGrid, is being framed around ensuring the integration of community voice. The EES (Environment Effects Statement) process includes social impact assessment, EMF (Electro Magnetic Field) information, and mental health impacts to address community concerns raised during consultations.

BETTER POLICY

The Gippsland Primary Health Network (GPHN) advised that the new Commonwealth budget principles emphasise continuity of care and community engagement. The GPHN now have a project worker on board to progress work in this area and are planning to undertake broader community engagement. Two multi-disciplinary models based on the community led integrated health care models have been developed and were launched in July 2023.

BETTER SUPPORT

The Priority Primary Care Centre (PPCC) at Moe has been successfully diverting 10-15 patients a day that would have ended up in the Latrobe Regional Hospital (LRH) Emergency Department. The LRH ED waiting room has a screen about wait times and are looking at putting this on their website. Data from the Gippsland Public Health Network (GPHN) indicates that the PPCC is attracting 300 presentations per week with the data showing that the service attracts locals and people from Morwell, while people from Traralgon seem less inclined to drive past LRH.

BETTER RELATIONSHIP

The newly established high-risk foot clinic at Latrobe Regional Hospital (LRH) reflects the outcomes that can be generated by better relationships between service providers. This seamless service provided by Latrobe Community Health Service (LCHS) and LRH delivers a high-end podiatry service for clients at risk of amputations. This busy service has proven itself to be of interest to trainee podiatrists who are seeking placements and it is hoped that more podiatrists will want to work in this area and take their learnings back to metropolitan Melbourne. LCHS is now trialling this service with RDAC (Ramahyuck District Aboriginal Corporation).



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